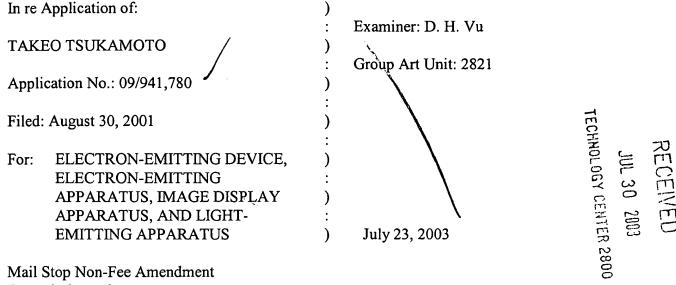


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

<u>AMENDMENT</u>

Sir:

The present Amendment has been prepared in accordance with a revised format established by the U.S. Patent and Trademark Office, as permitted in the Pre-OG Notice entitled "Amendments in a Revised Format Now Permitted."

In response to the Office Action of April 23, 2003, please amend the above identified application as follows.

> I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on (Date of Deposit)

> > Frank A. DeLucia (Reg. No. 42,476)

affine of Attorney for Applicant)

Date of Signature



In re Application of:

Docket No. 03500.015727.

TAKEO TSUKAMOTO

Application No.: 09/941,780

Filed: August 30, 2001

For: ELECTRON-EMITTING DEVICE, ELECTRON -

EMITTING APPARATUS, IMAGE DISPLAY APPARATUS, AND LIGHT-EMITTING

APPARATUS

Date: July 23, 2003

TECHNOLOGY CENTER 2800

Examiner: T.H. Vu

Group Art Unit: 2821

MAIL STOP NON-FEE AMENDMENT THE COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

		C	LAIMS AS AMEN	IDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 117	MINUS	** 127	0	x \$9 \$18	0
INDEP. CLAIMS	* 6	MINUS	***	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						0

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
	A check in the amount of \$ is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for a month extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. 42,476

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

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